

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>5/19/99</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>15</i>	<i>3/25/99</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>08231</i>	<i>8.19.99</i>

INDEX OF CLAIMS

✓	..... Rejected	N	..... Non-elected
"	..... Allowed	I	..... Interference
-	(Through numeral)..... Canceled	A	..... Appeal
-	..... Restricted	O	..... Objected

Claim	Final	Original	Date
1	✓	✓	5/18/99
2	✓	✓	5/18/99
3	✓	✓	5/18/99
4	✓	✓	5/18/99
5	✓	✓	5/18/99
6	✓	✓	5/18/99
7	✓	✓	5/18/99
8	✓	✓	5/18/99
9	✓	✓	5/18/99
10	✓	✓	5/18/99
11	✓	✓	5/18/99
12	✓	✓	5/18/99
13	✓	✓	5/18/99
14	✓	✓	5/18/99
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If more than 150 claims or 10 actions  
staple additional sheet here

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